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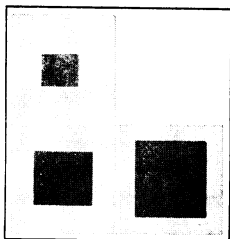
The first truly mobile, high specification

## **Cardiac Diagnostic System**

Quality black & white recordings of :

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introducing

# Loniten

minoxidil

an effective, new peripheral vasodilator  
from Upjohn for **predictable** lowering  
of blood pressure in the severely  
hypertensive patient

When diuretics and beta-blockers fail to achieve a satisfactory response in the severely hypertensive patient, consider the addition of **Loniten**. Loniten will almost certainly produce further significant reductions in both systolic and diastolic pressures.

Dependable lowering of blood pressure in severely hypertensive patients.

Very few treatment failures.

Convenient once or twice daily dosage in all patients, thereby encouraging co-operation and compliance.

**Prescribing Information:** Presentation Round, biconvex, scored, white tablets containing 2.5mg, 5mg or 10mg minoxidil. Tablets marked 2.5, 5 or 10 on plain side and U on each side of score mark on other side. **Uses** Treatment of severe hypertension. Acts as a peripheral vasodilator and should be used with a diuretic and a beta-blocker. **Dosage and Administration** Adults Initial dose 5mg daily as single or divided dosage. Dosage adjustments should be made at intervals of not less than 3 days, until optimal control of blood pressure is achieved. It is seldom necessary to exceed 50mg per day. Dosage may first be increased to 10mg daily and subsequent increases should be by increments of 10mg in the daily dose. **Children** For patients of 12 years of age or below, dose at 0.2mg/kg with increments of 0.1mg-0.2mg/kg in daily dose at minimum of 3-day intervals. Maximum recommended dose is 1.0mg/kg daily. **Rapid reduction of blood pressure** Rapid reduction of blood pressure can be achieved using continuous blood pressure monitoring and incremental doses of 5mg every 6 hours. Loniten therapy should always be accompanied by diuretic and beta-blocker treatment (See Data Sheet). **Contra-indications, warnings etc** Contra-indications Phaeochromocytoma. **Warnings** If used alone, Loniten can cause a significant retention of salt and water leading to positive physical signs such as oedema, and to clinical deterioration of some patients with heart failure. Diuretic treatment alone, or in combination with restricted salt intake is, therefore, necessary for all patients taking Loniten. Patients who have had a myocardial infarction should only be treated with Loniten after a stable post-infarction state has been established. The physician should bear in mind that if not controlled by sympathetic suppressants, the rise in cardiac rate and output that follows the use of potent vasodilators may induce anginal symptoms in patients with undiagnosed coronary artery disease, or may aggravate pre-existing angina pectoris. The effect of Loniten may be additive to concurrent antihypertensive agents. The interaction of Loniten with sympathetic blocking agents such as guanethidine or bethanidine may produce excessive blood pressure reduction and/or orthostasis. **Precautions** The safety of Loniten in pregnancy remains to be established. Hypertichosis occurs in most patients treated with Loniten and all patients should be warned of this possibility before starting therapy. Spontaneous reversal to the pre-treatment state can be expected 1-3 months after cessation of therapy. Soon after starting Loniten therapy approximately 60 per cent of patients exhibit E.C.G. alterations in the direction and magnitude of their T waves. Large changes may encroach on the ST Segment, unaccompanied by evidence of ischaemia. These asymptomatic changes usually disappear with continuing Loniten treatment. The E.C.G. reverts to the pre-treatment state if Loniten is discontinued. Pericardial effusion has been detected in patients treated with a Loniten-containing regime. A cause and effect relationship has not been established. Most effusions have either been present before Loniten was given, or occurred among uremic patients. However, it is suggested that Loniten-treated patients should be periodically monitored for signs or symptoms of pericardial effusion and appropriate therapy instituted if necessary. Salt and water retention in excess of 2 to 3 pounds may diminish the effectiveness of Loniten. Patients should, therefore, be carefully instructed about compliance with diuretic therapy and a detailed record of body weight should be maintained. **Side-Effects** Most patients receiving Loniten experience a diminution of pre-existing side effects attributable to their disease or previous therapy. New events or side effects likely to increase include peripheral oedema, associated with or independent of weight gain; increases in heart rate; hypertichosis; and a temporary rise in creatinine and blood urea nitrogen. Gastrointestinal intolerance, rash and breast tenderness are infrequently reported side effects of Loniten therapy. **Pharmaceutical Precautions** None. **Legal Category** POM. **Package Quantities** 2.5mg, 5mg and 10mg Loniten tablets supplied as bottles of 100. **Basic NHS Cost (UK)** 2.5mg - £4.50. 5mg - £8.00. 10mg - £15.50. Data Sheet available on request.



REGISTERED TRADEMARK: LONITEN  
Product Licence No. 0032/0064-66

UPJOHN LIMITED · CRAWLEY · WEST SUSSEX

UK1136.2

NEW PRODUCT

# Step forward in the treatment of Angina.

Only surgery can adequately restore the underlying perfusion deficit in ischaemic heart disease. It is, of course, possible to lower myocardial work by reducing load or limiting rate or contractility, so that demand does not outstrip the limited supply of oxygen.

There is, however, another more fundamental option in the protection of the myocardium from the early consequences of ischaemia: that is to prevent calcium overload in the myocardial cell.

Clinium\* (lidoflazine) selectively blocks entry of excess calcium into the ischaemic myocardial cell,<sup>1,2</sup> thus preserving normal contraction and relaxation.

Cardiac output is maintained and with normal diastole, perfusion is maximised.<sup>3,4</sup> As a result Clinium\* alleviates anginal symptoms, while enabling a markedly increased level of exercise tolerance to be achieved by anginal patients.<sup>5,6,7,8</sup>



**Clinium**  
(lidoflazine)

TRADEMARK

**a selective calcium antagonist that  
protects the ischaemic myocardium.**

## References

1. Nayler, W.G. *Proc. Roy. Soc. Med., Suppl.* (in press 1980).
2. Flaming, W. *et al. Proc. Roy. Soc. Med., Suppl.* (in press 1980).
3. Detry, J.M.R. *et al. Eur. J. Cardiol.* **4**, 165, 1976.
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8. Nordstrom, L.A. *Chest* **74**, 50, 1978.

## Prescribing Information

**Presentation:** Tablets containing 120 mg lidoflazine.

**Uses:** Angina pectoris in patients with ischaemic heart disease.

**Dosages:** The usual daily dose is 360 mg as 120 mg t.d.s. (taken with or after meals) introduced over two weeks as follows:

Week 1, 120 mg daily; Week 2, 120 mg b.i.d.

Week 3 (and subsequently) 120 mg t.d.s.

**Contra-indications:** Pregnancy.

**Warning:** Clinium is not indicated for the primary treatment of cardiac arrhythmia.

**Side-effects:** Gastric upset, or transient dizziness.

Tinnitus or headaches are occasionally observed,

and may be avoided by gradual introduction of dosage.

**Basic NHS cost:** Pack of 100 tablets, £10.00.

**Further information:** Clinium may produce a characteristic ECG change seen as broadening of the T wave.

**Product Licence No.** PL 0742/0002

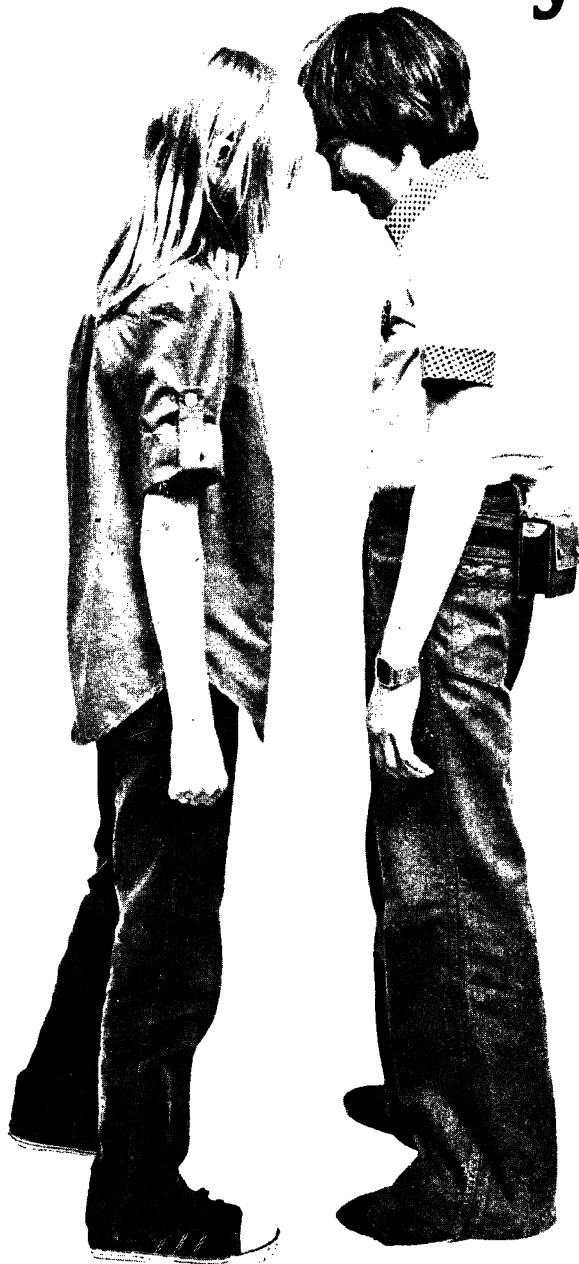
**Holder of the Product Licence:** Janssen Pharmaceutica Ltd., Marlow, Buckinghamshire



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Why the 'Pyramid'? We look at it like this. Take the apex as patient monitoring. Oxford Medilog patient cassette recorders are recognised worldwide as the most technically advanced whilst featuring the highest level of patient acceptance for ambulatory applications — but you probably know that already.

Then there's the 'Pyramid' centre — embracing cassette replay and information display. Choose manual, semi-automatic or microprocessor controlled operation; choose attractively designed yet functional consoles — Oxford Medilog instrumentation is already proven second-to-none in performance — quite simply the options are yours.

Finally our 'Pyramid' base — data reduction. Oxford Medilog offers a unique single-source capability meeting almost any data reduction facility you may require for your applications — from basic analysis to full on-line computer operation.

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